Dermatology

Vignette 1- Dark Facial colours: Brown/Blue/Grey

Colour	Site	Cong/Acq	Diagnosis
Brown	Malar, Nose (F>M)	Acquired	Melasma
Brown	Nose (Mainly), Always a h/o fever + joint pain	Acquired	Chikungunya sign
Black	Face	Congenital	Melanocytic Nevus
Blue	Mala (U/L), Blue Sclera	Congenital	Nevus of Ota
Blue/Grey	Full Face	Acquired	LP Pigmentosa
Red/Brown/Blue/Grey	Lip, H/o drug intake	Acquired	Fixed drug eruption

Brown- Cheek-nose-photosensitive -localised-MELASMA

Blue/Grey- photosensitive Diffuse lesion LP Pigmentosus

Brown- nose- and face -not photosensitive always a h/o fever and joint pain CHIK sign (Chikungunya)

Black-face-congenital/Acq - Non hairy- MELANOCYTIC Nevi

Black-face-congenital/Acq - Hairy- MELANOCYTIC Nevi

Brown-face-photosesitive-MELASMA

Blue-face-congenital-Blue sclera- NEVUS OF OTA

Pigmented spot -red/brown-lip- h/o drug (eg NSAID) - Early fixed drug eruption

Pigmented spot -blue/grey- lip- h/o drug (eg NSAID) - Late fixed drug eruption

Vignette 2- Red facial colour

Colour	Site	Cong/Acq	Diagnosis
Red	Malar, Nose, F>M, photosensitive, intermittent, ↑es with triggers like sun/alcohol/hot spicy food/exercise	Acquired	Rosacea
Red	Eyelid, mainly face +neck, photosensitive	Acquired	Dermatomyositis
Red	Malar, Nose, F>M, photosensitive, persistent erythema, spares nasolabial folds, NOT ON EYELIDS	Acquired	SLE
Red	Small elevated papules, old patient	Acquired	Cherry Hemangioma
Red	Flat	Congenital	Portwine stain

Red-Cheeks-Photosensitive-intermittent-h/o inc with alcohol, emotions - ROSACEA

Red Cheeks- photosensitive- persistent - SLE

Red- periorbital > cheeks - photosensitive - DERMATOMYOSITIS (Cheeks>Periorbital = SLE)

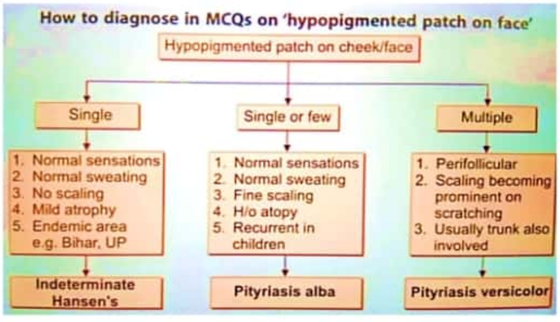
Red to Lilac colour

Red- flat-congenital-Portwine stain

Red Papule/Nodule- Congenital- Infantile Hemangioma

Red-papule -acquired- old age- Cherry Angioma

Vignette 3- Hypopigmented face lesions



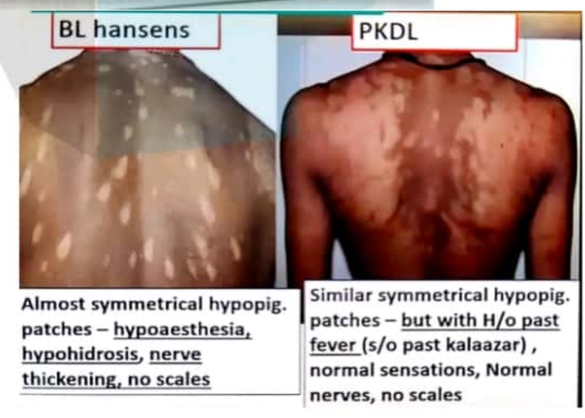
Indeterminate Hansens

Pityriasis alba

Vignette 4- Hypopigmented Truncal Lesions

Pityriasis versicolor	Hansens disease (except indeterminate hansens)	Post kala azar dermal leishmaniasis (PKDL)
• Perifollicular • Fine scaling • Chest, back, face • Scratch sign +	• Sensory loss • Sweating loss • Atrophy in lesions • Non-scaly • Thickened nerves • Endemic states e.g. Bihar, UP	• No sensory loss • No atrophy • H/o past prolonged fever • Endemic states e.g. Bihar, UP • No thickened nerves

NO FEVER PRESENT IN BL



Almost symmetrical hypopig. patches – hypoaesthesia, hypohidrosis, nerve thickening, no scales

Similar symmetrical hypopig. patches – but with H/o past fever (s/o past kalaazar) , normal sensations, Normal nerves, no scales

Vignette 5- Dark Truncal Lesion

Unilateral, brown patch on shoulder, back, hypertrichosis, acne- onset puberty (yellow arrow)- BECKERS NEVUS

Congenital, blue patch- on shoulder, upper back (red arrow)- NEVUS OF ITO

Large brown patches on trunk- Child- Urticaria pigmentosa

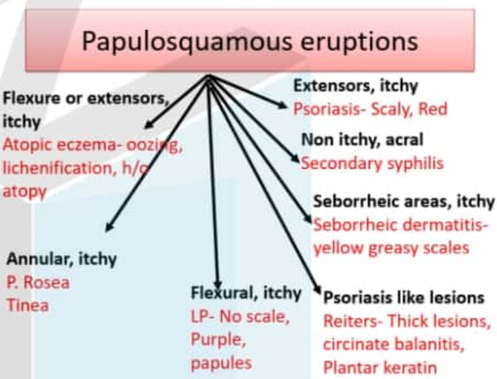
Small perifollicular, brown on trunk, fine scaling (yellow arrow)- P. versicolor

VIGNETTE 6 – Papulosquamous eruptions

RED SLiPS

R: Reiter's disease
E: Eczema
D: Dermatophytes (Tinea)

S: Secondary syphilis
Li: Lichen planus
P: Psoriasis, Pityriasis rosea
S: Seborrheic dermatitis



Flexural eczema with oozing- Atopic eczema

Flexural, non scaly, purple papules on wrist- LP

Extensor, scaly, papules/plaques- Psoriasis

Thick keratotic plaques on sole but with pus discharge- Reiters

Non itchy, scaly plaques on sole, dry- Secondary syphilis

Yellow, greasy scales- Seb. Dermatitis

Vignette 7. Alopecia

Signs of inflammation, wrinkling of skin, scaling– SCARRING ALOPECIA

No Signs of inflammation, No scaling - NON SCARRING ALOPECIA

Always Patchy localised

Patchy localised

Generalised

Patchy localised scarring

- Lichen lanopilaris
- DLE/SLE
- T. Capitis (Keroin/Favus)

DLE- Discoid erythematous plaques with thick scales (blue arrow), peripheral rim of hyperpigmentation (yellow arrow)

LP pilaris- Patchy scarring alopecia (foot print in snow appearance). Scarring areas (red arrow) , intervening normal hairs (Yellow arrow), perifollicular blue grey macules (blue arrow)

Kerion

Child- Boggy, inflammed swelling, pus, alopecia

Favus

Child- Scarring alopecia, Yellow cup shaped scutulum (red arrow)

Patchy Non-Scarring

- Alopecia areata (localized)
- Secondary Syphillis (moth eaten appearance)
- Trichitillomania
- T. capitis (Grey patch/black dot)

Trichotillomania-

Patchy, incomplete hair loss, hairs of varying length.

Patient may pull on dominant hand side.

Alopecia areata

Patchy, smooth surfaced, complete hair loss (blue), Sparing of white hairs (orange arrow), no hairs of varying lengths in the patch

Grey patch T. Capitis

Patchy, scaly, itchy alopecia, easy pluckability of hairs

Wrinkled/scarred skin in hair loss patch- "Footprint in snow" appearance- LP pilaris

Patchy alopecia but no wrinkling, skin normal under hair loss- Alopecia areata

Diffuse Non Scarring:

- Androgenetic alopecia (AGA)
- Alopecia totalis/universalis
- Telogen effluvium
- Anagen effluvium
- SLE

Wrinkled/scarred skin in hair loss patch-Prominent follicular prominence-LP pilaris

Diffuse alopecia on vertex-increased central parting but no wrinkling, skin normal under hair loss- Female Androgenetic alopecia

Alopecia totalis

Look for complete loss on scalp

Alopecia universalis

Look for complete loss all hairy areas of body

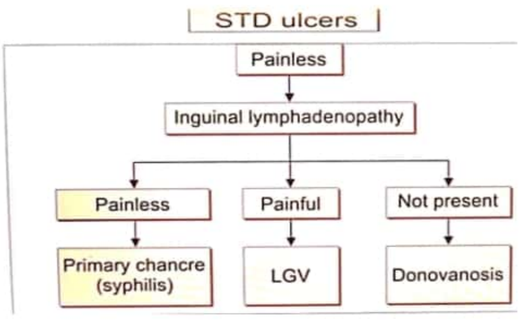
Male AGA

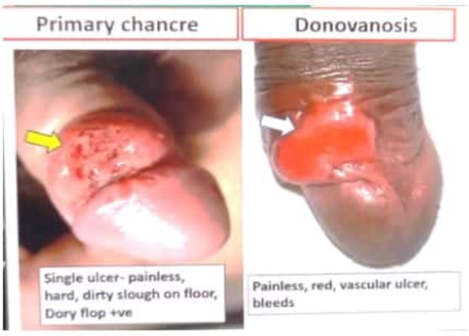
Female AGA

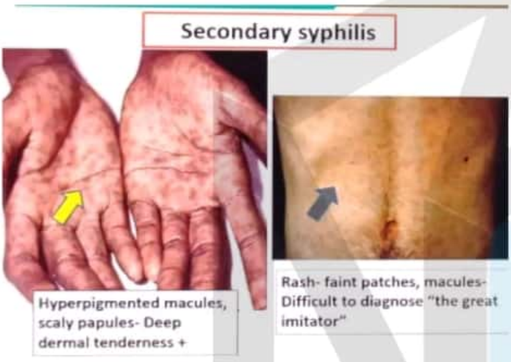
Hair line recession(Frontal, bitemporal), vertex loss

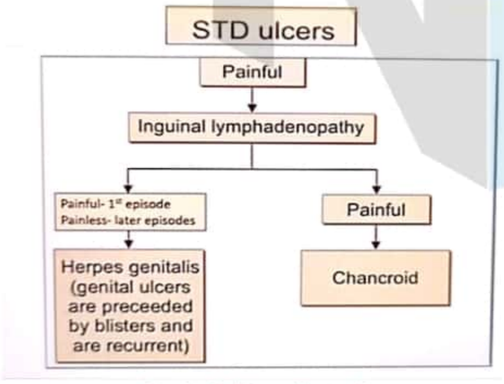
Hair line maintained, vertex loss

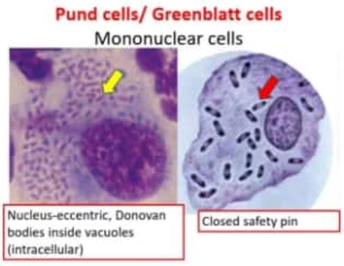
Vignette 8: STD's

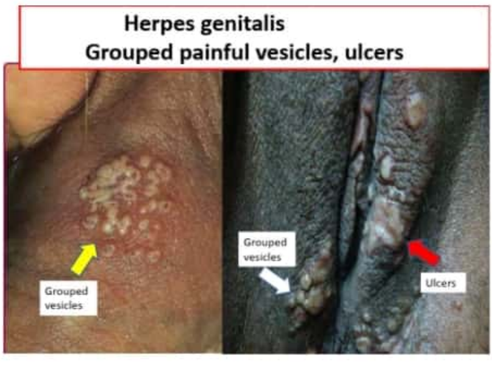


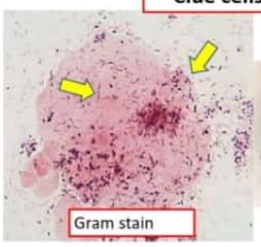

Primary chancre
Donovanosis
Single ulcer- painless, hard, dirty slough on floor, Dory flop +ve
Painless, red, vascular ulcer, bleeds


Secondary syphilis
Hyperpigmented macules, scaly papules- Deep dermal tenderness +
Rash- faint patches, macules- Difficult to diagnose "the great imitator"

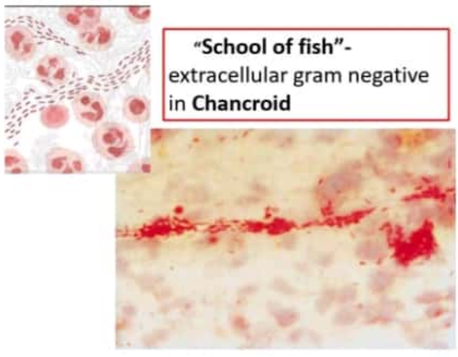




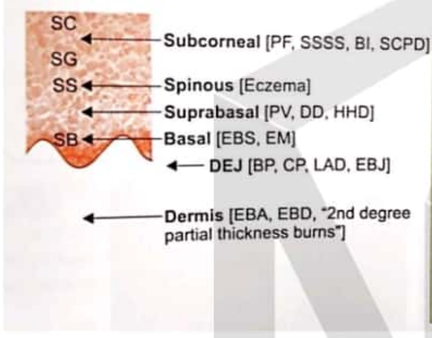




Gardnerella vaginalis and other anaerobic bacteria densely in clusters on surfaces of squamous epithelial cells, giving a granular appearance

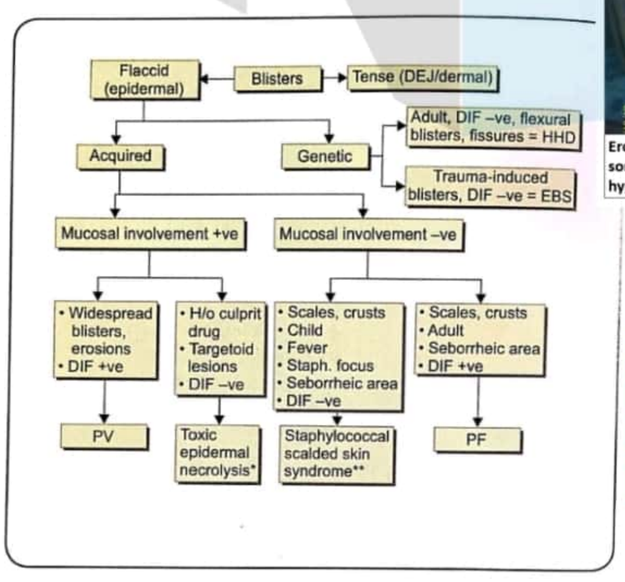


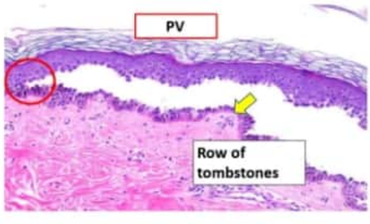
Vignette 9 : Blisters

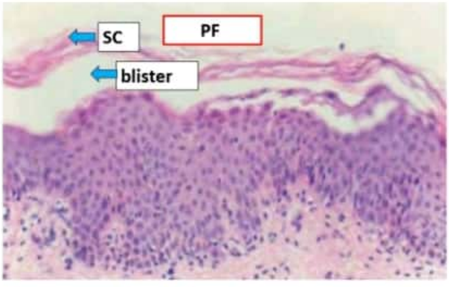


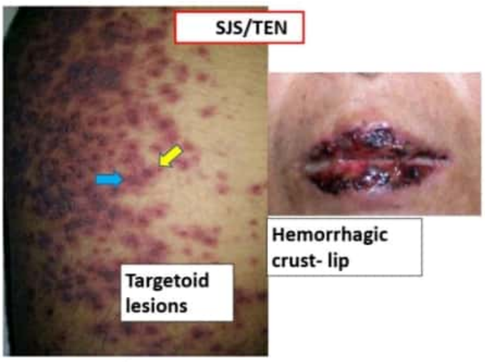
PF: Pemphigus foliaceus
SSSS: Staphylococcus scalded skin syndrome
BI: Bullous impetigo
SCPD: Subcorneal pustular dermatoses
PV: Pemphigus vulgaris, Pemphigus vegetans
DD: Darier disease
HHD: Hailey-Hailey disease
EBS: Epidermolysis bullosa simplex
EM: Erythema multiforme
BP: Bullous pemphigoid
CP: Cicatricial pemphigoid
LAD: Linear IgA disease
EBJ: Epidermolysis bullosa junctional
EBA: Epidermolysis bullosa acquisita
EBD: Epidermolysis bullosa dystrophica

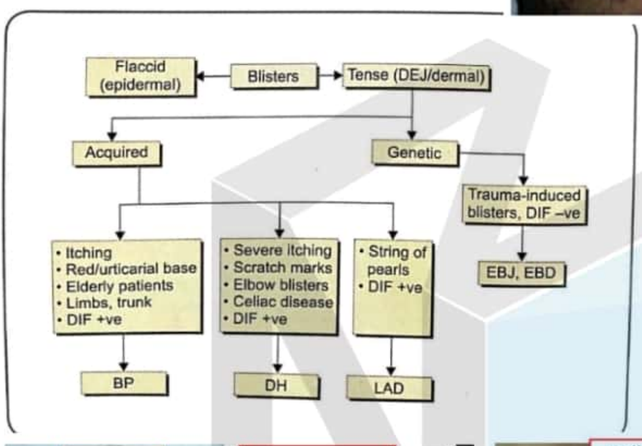
How to diagnose in an MCQ on blisters?


Flaccid (epidermal)
Blisters
Tense (DEJ/dermal)
Acquired
Genetic
Adult, DIF –ve, flexural blisters, fissures = HHD
Trauma-induced blisters, DIF –ve = EBS
Mucosal involvement +ve
Mucosal involvement –ve
• Widespread blisters, erosions • DIF +ve
• H/o culprit drug • Targetoid lesions • DIF –ve
• Scales, crusts • Child • Fever • Staph. focus • Seborrheic area • DIF –ve
• Scales, crusts • Adult • Seborrheic area • DIF +ve
PV
Toxic epidermal necrolysis*
Staphylococcal scalded skin syndrome**
PF




SC
PF
blister


SJS/TEN
Hemorrhagic crust- lip
Targetoid lesions

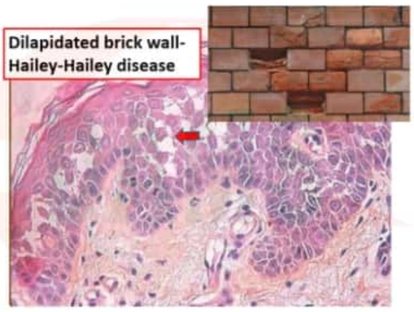

Flaccid (epidermal)
Blisters
Tense (DEJ/dermal)
Acquired
Genetic
Trauma-induced blisters, DIF –ve
EBJ, EBD
• Itching
• Red/urticarial base
• Elderly patients
• Limbs, trunk
• DIF +ve
BP
• Severe itching
• Scratch marks
• Elbow blisters
• Celiac disease
• DIF +ve
DH
• String of pearls
• DIF +ve
LAD

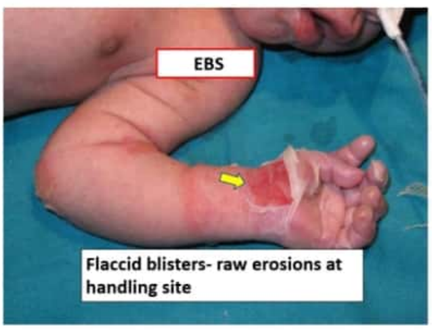
SJS/TEN
Dusky tender macules/patches (orange arrow) -
Nikolsky +ve (red arrow)

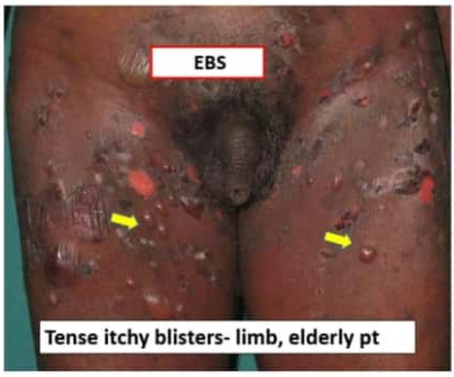
SSSS
Scales-crust, Seborrheic area, Mucosa is normal- but child, fever, DIF -ve

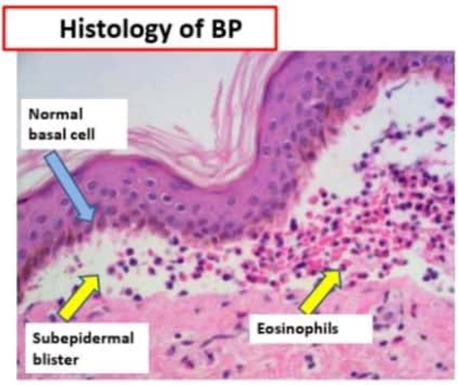
PF
Scales-crust, Seborrheic area, Mucosa normal- but adult,no fever,DIF +ve

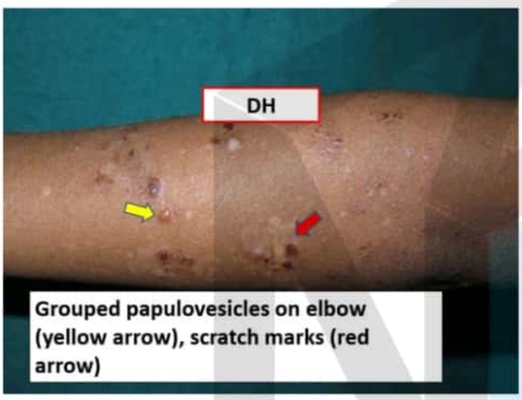
Hailey-Hailey disease
Pustules, vesicles in flexures
Painful Fissures


Dilapidated brick wall- Hailey-Hailey disease

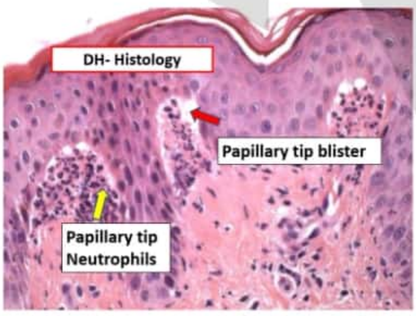

EBS
Flaccid blisters- raw erosions at handling site


EBS
Tense itchy blisters- limb, elderly pt


Histology of BP
Normal basal cell
Subepidermal blister
Eosinophils


DH
Grouped papulovesicles on elbow (yellow arrow), scratch marks (red arrow)

Scratch marks in DH


DH- Histology
Papillary tip blister
Papillary tip Neutrophils

LIGA/ CBDC
Cluster of jewels/ Strings of pearls appearance